

PREA Audit: Subpart B Short-Term Holding Facilities Audit Report



U.S. Customs and
Border Protection

AUDITOR INFORMATION

Name:	(b) (6), (b) (7)(C)	Company Name:	Creative Corrections, LLC
Mailing Address:	(b) (6), (b) (7)(C)	City, State, Zip:	(b) (6), (b) (7)(C)
Email Address:	(b) (6), (b) (7)(C)	Telephone Number:	(b) (6), (b) (7)(C)

AGENCY INFORMATION

Name of Agency:	U.S. Customs and Border Protection
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PROGRAM OFFICE

Name of Program Office:	U. S Border Patrol
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SECTOR OR FIELD OFFICE

Name of Sector or Field Office:	Del Rio
Name of Chief or Director:	(b) (6), (b) (7)(C)
PREA Field Coordinator:	(b) (6), (b) (7)(C)
Physical Address:	2401 Dodson Avenue, Del Rio, Texas 78840
Mailing Address: (if different from above)	

SHORT-TERM HOLDING FACILITY BEING AUDITED

Information About the Facility			
Name of Facility:	Eagle Pass South Station		
Physical Address:	4145 El Indio Highway, Eagle Pass, Texas 78852		
Mailing Address: (if different from above)			
Telephone Number:	(b) (6), (b) (7)(C)		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Acting Chief Patrol Agent
Email Address:	(b) (6), (b) (7)(C)	Telephone Number:	(b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

Directions: Discuss the audit process to include the date(s) of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The on-site audit for the Prison Rape Elimination Act (PREA) at the Customs and Border Protection (CBP) United States Border Protection (CBP) Eagle Pass South Station (EGS) took place on November 16, 2023. (b) (6), (b) (7)(C), a Certified PREA Auditor contracted through Creative Corrections, LLC., of Beaumont, Texas, conducted the audit. The process included a pre-audit electronic review of CBP PREA policies and procedures, telephonic interviews with CBP Headquarters (HQ) Subject Matter Experts (SMEs), on-site direct observations, and post-audit triangulation of information to determine the outcome.

The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA Standards. The on-site audit followed the Auditor's electronic review of CBP's PREA policies and procedures, documents, and telephonic interviews with CBP HQ SMEs. Displayed in both detainee holding areas and staff areas, notifications of the PREA audit were posted in both English and Spanish throughout the facility prior to and during the on-site audit.

The Auditor arrived at approximately 0500 hours and was introduced to the EGS leadership team by (b) (6), (b) (7)(C), Supervisory Border Patrol Agent (SBPA) and (b) (6), (b) (7)(C), Border Patrol Agent who also served as the points of contact throughout the audit. The Auditor reviewed the audit format and schedule with each member of the team. Immediately following the entry introductions, the Auditor was provided a private office to begin conducting staff interviews to capture staff interviews from all shifts. Interviews were conducted during shifts.: (b) (7)(E)

By approximately 1000 hours, the Auditor inspected all areas of Eagle Pass South Station. The Auditor observed various areas, including sally ports, (b) (7)(E), break areas, operations, (b) (7)(E) intake area, waiting areas, public bathrooms, and holding areas, the facility's layout, (b) (6), (b) (7)(C), staff supervision levels, hold room arrangements, placement of PREA posters, and other PREA informational resources. The Auditor also evaluated monitoring practices and search procedures.

EGS is a short-term holding facility which holds detainees less than 72 hours before being released or transferred to another facility. The Auditor conducted observations of all facility areas and revisited specific areas, as necessary. The facility consisted of one building containing (b) (7)(E). On the day of the audit, there were approximately 89 detainees in the hold rooms, including adult males and family units (women and children). There were no unaccompanied children (UC) present. (b) (7)(E)

(b) (7)(E) The number of detainees varied throughout the day due to transfer, release, or removed from CBP custody. Children were also observed by the Auditor who were held with family members. The staff escorts detainees into the facility through the sallyport which is a large warehouse-style outdoor area that also serves as (b) (7)(E) and tables. The detainees underwent screening checks and had their property inventoried. Subsequently, the detainees were escorted by staff into the building and placed in a waiting area which has a spacious seating area located (b) (7)(E)

(b) (7)(E) PREA signage was prominently displayed in front of the agent stations, ensuring clear visibility to detainees sitting and waiting to be called for intake. After completing the intake process, detainees were placed in hold rooms. The hold rooms have windows to afford visibility to the agents located in the (b) (7)(E) and (b) (7)(E)

(b) (7)(E) The larger hold rooms were equipped with two toilets and two sinks, while the smaller ones had one toilet and one sink. (b) (7)(E) (b) (7)(E)

(b) (7)(E) If a detainee requires a shower, they are escorted by agents to the shower trailer, (b) (6), (b) (7)(C). The toilet areas in the hold rooms have partial walls that allows privacy for the detainees. (b) (7)(E)

(b) (7)(E) Opposite gender staff cannot view the toilet area when they are walking by.

PREA posters in both English and Spanish were prominently displayed outside hold rooms surrounding (b) (7)(E) (b) (7)(E) and throughout the processing center. Detainee reporting posters, including Keep Detention Safe, Zero Tolerance, and I-Speak, were observed in various areas, such as staff break rooms, staff bathrooms, detainee interview rooms, and administrative corridors. The Auditor also verified the functionality of telephones to ensure detainees could contact the Department of Homeland Security Office of Inspector General (OIG). Phones were available at processing center stations and in interview rooms for detainees to use and afforded privacy and confidentiality.

Scope of Audit: Prior to the on-site audit, the Auditor had the chance to review various documents, including HQ and local Pre-Audit Questionnaires (PAQs), HQ Responsive Documents and Data Requests, EGS local documents, HQ Participation documents, and communication with medical providers and victim advocacy websites.

The Auditor conducted interviews with HQ Subject Matter Experts (SMEs) and had discussion with the Supervisor responsible for completing the local Pre-Audit Questionnaire (PAQ). EGS collaborates with the Fort Duncan Regional Medical Center in Eagle Pass for its medical services. The Auditor verified Sexual Assault Forensic Examinations (SAFE) and Sexual Assault Nurse Examiners (SANE) are available at the hospital through speaking with the emergency room nurse in charge.

The Auditor was provided with all relevant documents to assess the level of compliance with DHS standards at EGS. A roster was given to the Auditor for the random selection of staff for interviews. Six random agent interviews and four local SME interviews, covering each shift, were conducted in a private and confidential manner. Additionally, the Auditor interviewed eleven detainees.

An exit briefing for EGS was held at approximately 1430 hours. The exit briefing was conducted by Creative Corrections Certified PREA Auditor (b) (6), (b) (7)(C). Those in attendance for the briefing were:

- (b) (6), (b) (7)(C), PAIC, EGS
- (b) (6), (b) (7)(C), DPAIC, EGS
- (b) (6), (b) (7)(C), SBPA, EGS
- (b) (6), (b) (7)(C), BPA, EGS
- (b) (6), (b) (7)(C), PREA Field Coordinator, Del Rio Sector (via TEAMS)
- (b) (6), (b) (7)(C), PREA Field Coordinator, Del Rio Sector
- (b) (6), (b) (7)(C), HQ MPA PREA Coordinator (via TEAMS)
- (b) (6), (b) (7)(C), HQ MPA PREA Coordinator (via TEAMS)
- (b) (6), (b) (7)(C), HQ Deputy Prevention of Sexual Assault Coordinator, (DPSA)
- (b) (6), (b) (7)(C), Certified PREA Auditor, Creative Corrections, LLC
- (b) (6), (b) (7)(C), Program Manager, Creative Corrections, LLC (via TEAMS)

During the exit briefing, the Auditor discussed the observations made during the on-site inspection, provided a summary of staff and detainee interviews, and explained the triangulation process. The triangulation process involves combining information gathered from the pre-audit assessment, on-site audit, and post-audit review to ascertain the outcome of the findings.

SUMMARY OF OVERALL FINDINGS:

Directions: Discuss audit findings to include a summary statement of overall findings and the number of provisions which the facility has achieved compliance at each level: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

The Auditor concluded the EGS on-site audit on Thursday, November 16, 2023, with the draft Audit Findings Report submitted to CBP on December 20, 2023.

The audit process included the pre-audit, on-site audit, and post-audit review of policies, protocols and documentation to determine compliance of 25 DHS Subpart B Standards at EGS. The Auditor reviewed all relevant policies, procedures, and documents in assessing the EGS through SharePoint and while on-site. The Auditor observed Notice of Audit posting throughout the two buildings in plain view for staff, detainees, and general public. The Auditor conducted a records review for a random selection of staff, which included information on background checks and staff PREA training records along with all submitted documentation review.

EGS met 25 standards: 115.111; 115.113; 115.114; 115.115; 115.116; 115.117; 115.118; 115.121; 115.122; 115.131; 115.132; 115.141; 115.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182; and 115.186.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded: 0	
Number of standards met: 25	
Number of standards not met: 0	
OVERALL DETERMINATION	
<input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards)	<input checked="" type="checkbox"/> Low Risk
<input checked="" type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period)	<input type="checkbox"/> Not Low Risk
<input type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)	

PROVISIONS

Directions: In the notes, the auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision of the standard, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Corrective Action Plan Final Determination, accompanied by information on specific corrective actions taken by the facility. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision unless that part is specifically designated as Not Applicable. For any provision identified as Not Applicable, provide an explanation for the reasoning. If additional space for notes is needed, please utilize space provided on the last page.

§115.111(a) – Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a): The facility meets the standard. The agency has implemented crucial measures to communicate its commitment to adhering to the PREA Standards, ensuring that the public, all employees, and detainees are well-informed. The following national Directives were issued to all staff which mandates zero tolerance of all types of sexual abuse in all CBP holding facilities and outline the agency's approach in the prevention, detection, and responding to sexual abuse: Commissioner's Memorandum dated July 15, 2014, Implementation of the Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Holding Facilities /Prison Rape Elimination Act (PREA); Commissioner's Memorandum dated August 12, 2014, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in CBP Holding Facilities; Commissioner's Memorandum dated March 11, 2015; and CBP Directive 2130-030 – Prevention, Detection and Response to Sexual Abuse and/or Assault in CBP Holding Facilities dated January 19, 2018. During the interim of the issuance of the PREA Directive, other forms of communication were sent to staff to keep them educated and informed of the agency's zero-tolerance policy. The following information was shared with all staff: Email from the Procurement Directorate with refresher information sent to all contractors who have or may have contact with holding facility detainees, as required by the DHS Standards, dated January 13, 2022; Employee Refresher Information (Payroll Notice Statements FY 2022); and an Email from the CBP Postmaster informing staff of April being National Sexual Assault and Awareness Month (dated April 18, 2022). Additionally, the Privacy and Diversity Office posted through payroll and Central messaging identifying Sexual Abuse and messaging reminding staff of the Zero-Tolerance policy, during the month of April which coincides with Sexual Awareness and Prevention Month. This notice also provides avenues for reporting sexual abuse and assault to the Joint Intake Center and Commissioner's Situation Room.

The Auditor observed zero tolerance posters, available in English, Spanish, strategically placed in waiting areas, processing areas, screening areas, and holding areas. Interviewed local SMEs highlighted the importance of staff training related to the zero-tolerance policy, and interviews with agents confirmed their comprehensive training and understanding of the policy. Regular reminders about mandatory training, accessible through the CBP Acadis online training site, are consistently communicated to all employees. Most randomly selected detainees, ranging from those in custody for a few hours to a few days, were aware of the PREA signage and found them to be clear and informative. Some detainees raised a question about the Spanish "Keep Detention Safe" poster, perceiving it as geared towards women. The Auditor clarified the information to the detainees and advised EGS staff of this issue. Despite this, the interviewed detainees understood the overall signage once the Auditor explained it to them.

§115.113(a) through (c) – Detainee supervision and monitoring.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a): The facility meets the standard provision. The standard requires that each facility maintain adequate levels of detainee supervision through appropriate staff levels to protect detainees against sexual abuse. CBP Directive 2130-030 requires the facility provide sufficient supervision to help protect detainees from sexual abuse. The National Standards on Transport, Escort, Detention, and Search (TEDS) Policy states that agents shall check holding rooms in a

regular and frequent manner. In addition to transport, escort, detention, and search provisions, CBP TEDS incorporates requirements related to sexual abuse and assault prevention and response, care of at-risk individuals in custody, and individual property. A memorandum dated October 8, 2015, from Chief of US Border Patrol, emphasizes that management and agents are responsible for ensuring compliance with CBP TEDS requirements during their duties. Interviews with local SMEs and agents confirmed that single adults, both males and females, are always separated and placed in appropriate hold rooms. Juveniles are held separately from adults, however, if the relationship is vetted, they are held with family members. During the on-site inspection, the Auditor observed that every holding and processing area remained within immediate view of staff (b) (7)(E). During staff interviews, they stated that pat down searches are performed prior to placing detainees in hold rooms. (b) (7)(E)

(b) (7)(E) (b) (7)(E)

(b)(c): The facility meets the standard provision. CBP Directive 2130-030, and a memorandum dated August 13, 2014, from the Chief, Border Patrol to all Chief Patrol Agents and all Division Chiefs, with an attachment of the memorandum from the Commissioner of Operations, CBP Policy on Zero Tolerance of Sexual Abuse requested the information be shared with all staff and for the policies to be followed. Specifically, the policy mandates that CBP to develop and document comprehensive detainee supervision guidelines to determine and meet the detainee supervision needs which has been accomplished through CBP TEDS. CBP Directive 2130-030 mandates an annual review of the detainee supervision guidelines at EGS, considering factors such as the physical layout, detainee composition, prevalence of substantiated and unsubstantiated instances of sexual abuse, findings from incident reviews, and other relevant factors. The results of this review are required to be forwarded to the HQ Privacy and Diversity Office (PDO)/PSA Coordinator. Local SME interviews confirmed the regular re-evaluation of staffing requirements, particularly during detainee influxes, with a practice of seeking assistance from other stations when needed. The most recent annual review of detainee supervision guidelines was conducted on October 19, 2023. The Auditor reviewed the assessment and has determined the facility has met the requirements mandated by the standard and CBP policies when conducting the assessment process. Additionally, a memorandum was issued by the Chief of U.S. Border Patrol, dated October 8, 2015, to all Chief Border Patrol Agents and all Directorate Chiefs, notifying staff that in addition to transport, escort, detention, and search provisions, CBP TEDS, incorporated requirements related to sexual abuse and sexual assault prevention, care of at-risk individuals in custody and personal property. A memorandum from the Chief of U.S. Border Patrol, dated May 30, 2023, to all Chief Border Patrol Agents and all Directorate Chiefs served as a policy reminder emphasizing CBP TEDS policy requiring monitoring of holding rooms where detainees are held to be checked at least (b) (7)(E) and these checks must be recorded in the system of record. Interviews with agents confirmed documenting the (b) (7)(E) check in the "Subject Activity Log".

§115.114(a) and (b) – Juvenile and family detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

(a): The facility meets the standard provisions. CBP TEDS, along with a memorandum dated October 8, 2015, from the Chief of US Border Patrol to all Chief Patrol Agents, Directorate Chiefs, and Directorate Executive Directors were distributed to all staff. The memorandum addressed the Standards to Prevent, Detect, and Respond to Sexual Assault in CBP Holding Facilities which requires EGS to place juveniles in the least restrictive setting appropriate to the juveniles' needs and consistent with the need to protect the juvenile's well-being and that of others. During interviews with agents, they stated policy is followed when holding UC, juvenile, and family units. The local SMEs were also interviewed, and they confirmed the practice of keeping families together unless there are safety concerns for the child. There were no UC present during the on-site audit. There was one family unit however, they were unavailable for interview. Detainees confirmed through interviews that they observed that juveniles and families are always held separately from detainees who are not part of their family unit. The adult detainees further stated they have not held in hold rooms with children during their time at EGS.

(b): The facility meets the standard provision. CBP TEDS mandates the separation of juveniles from adult detainees. EGS staff provide snacks, drinks, and warmer clothing to detained UC and juveniles as needed. Interviews with local SMEs and agents confirmed that juveniles are immediately separated from accompanying adults unless a properly vetted and appropriate relationship has been established prior to holding. The interviewed staff stated the vetting process involves agency and State Department database searches, separate interviews with the minor and accompanying adult, and a thorough examination of any accompanying documents provided by the detainee. Interviews with staff demonstrated proficiency in interviewing skills, including eye contact, speech patterns, and direct observation of the relationship between children and adults. The auditor was able to observe interviews being conducted to confirm some of the practices staff stated during interviews.

§115.115(b) through (f) – Limits to cross-gender viewing and searches.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(b)(c): The facility meets the standard provisions. CBP TEDS details the type and conditions under which searches can be performed to ensure the safety of agents, civilians, and detainees. It explicitly prohibits cross-gender strip searches and cross-gender visual body cavity searches, except in exigent circumstances, such as considerations for agent safety or when conducted by medical practitioners. The policy mandates that if these types of searches are performed, they must be documented in the electronic system of record. CBP TEDS specifies that agents must not conduct visual body cavity searches on juveniles, directing such searches to be performed by medical practitioners. Local SMEs at EGS confirmed that only medical personnel are authorized to conduct strip or visual body searches of juveniles. Local SMEs and agents emphasized that body cavity searches are not permitted at EGS. Regarding cross-gender searches, agents stated that the agent conducting the search must be the same gender as the detainee, and if a cross-gender search were to occur, the supervisor must be informed prior to the search and must be documented.

(d): The facility meets the standard provision. The CBP TEDS outlines requirements for detainees regarding showering, bodily functions, and changing clothes, emphasizing privacy from staff of the opposite gender, except in specific circumstances. At EGS, showers are not available inside the building, however, trailers located (b) (7)(E) (b) (7)(E) area offer this capability. The local SMEs and agents stated they allow detainees who are held over 24 hours, to utilize the shower and provided with hygiene products and a change of clothes. During the on-site audit, the Auditor did not observe anyone using the showers. Detainees can use toilets without being viewed by staff. (b) (7)(E) . Agents stated they announce their presence and knock when approaching a hold room. (b) (7)(E) Interviews with detainees revealed they had showered at the previous facility, prior to their arrival at the EGS. Interviewed detainees stated that to enhance privacy during bodily functions, they use blankets, so they cannot be viewed by the same sex detainees being held in the hold room; however, it should be noted there is a partial wall that separates the toilet area that provides privacy from other detainees.

(e): The facility meets the standard provision. Guidelines for Processing Transgender Applicants for Admission were issued during the week of December 10, 2018. A reminder on searching transgender, intersex, or gender non-conforming individuals was issued via Memorandum from the Deputy Chief of Border Patrol on January 17, 2023. The memorandum refers to CBP TEDS which prohibits staff from searching or physically examining a detainee solely to determine their gender. CBP TEDS further states that if the detainee's gender is unknown, agents will ask the detainee about their gender or gender identity and if the detainee declines to state their gender, it will be recorded as unknown in the appropriate electronic system(s) of record. During interviews with agents, they reported they do not search detainees solely for gender determination and the detainee would be searched by an agent as the detainee identified. There were no transgender or intersex detainees available for interview.

(f): The facility meets the standard provision. CBP TEDS mandated personnel to conduct searches professionally, thoroughly, and reasonably, adhering to the required type of search and ensuring the searcher matched the detainee's

gender, gender identity, or declared gender. Interviews with local SMEs and agents confirmed they had received training on pat searches, including cross-gender searches. Staff demonstrated understanding of how to conduct a cross-gender pat-down search based on their training and adherence to guidelines.

§115.116(a) through (c) – Accommodating detainees with disabilities and detainees who are limited English proficient.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a): The facility meets the standard provision. CBP Directive 2130-030 mandates staff in holding facilities to provide reasonable accommodations for detainees with disabilities, ensuring their equal participation in the prevention, detection, and response to sexual abuse. Staff interviews confirmed their awareness of recent guidance on disabled and Limited English Proficient (LEP) detainees, discussed during musters. Interviews with local SMEs and agents highlighted Spanish as the most frequently spoken language due to their proximity to the Mexico border. The presence of informational posters, such as "Zero Tolerance" and "I Speak," was noted by the Auditor. The English version of the Zero Tolerance Poster has a notation stating "Report Sexual Assault Now" in seven different languages. The "I Speak" poster lists 68 different languages which allows detainees to point out the language they speak. Staff detailed steps taken to accommodate detainees with disabilities, including reading PREA notices to visually impaired detainees and arranging for translators and sign language interpreters. Interviews with local SMEs and agents revealed no detainees with disabilities were held at EGS during the 12-month audit period.

(b): The facility meets the standard provision. CBP Directive 2130-030 mandates that all holding facilities provide effective, accurate, and impartial interpretation services to Limited English Proficient (LEP) detainees. During the on-site audit, the Auditor observed both English and Spanish versions of all PREA posters in several areas of the facility. According to interviews with local SMEs and agents, effective communication with LEP detainees is made possible using interpretation services if there is no one on shift who spoke the detainee's language. All staff members interviewed were well-informed about available translation resources in case of necessity. They affirmed that if a detainee entered EGS without proficiency in English or a language staff members could speak, a translation service would be utilized after the detainee indicated their language on the "I-Speak" poster. Staff access to the translation service through the telephone by utilizing the "DHS CBP How to Request Services" document. The document identifies contact information to provide appropriate translation and interpretive services.

(c): The facility meets the standard provision. CBP Directive 2130-030 prohibits the use of detainees as interpreters when reporting alleged sexual abuse or in cases where they have been found to be sexually abused. Interviews with the local SMEs and agents confirmed that the local practice at EGS follows this Directive. In cases where a staff translator is not suitable, the language line would be used. The CBP Protocol for Identifying Limited English Proficient (LEP) Persons and Providing Language Services, dated October 2017, outlines the steps EGS is required to take to identify LEP detainees. During all interviews, staff consistently stated that they would not use another detainee to translate for them regarding a sexual abuse allegation. Staff emphasized their obligation to use appropriate services based on the detainee's specific disability or language.

§115.117(a) through (f) – Hiring and promotion decisions.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a): The facility meets the standard provision. CBP Directive 2130-030 mandates the Office of Human Resources Management (HRM) to oversee compliance with hiring, promotion, and discipline requirements outlined in the standard provision. The Directive requires the need for policies and procedures to prevent the hiring of contractors with a history of sexual abuse. Interviews with the HQ HRM/Hiring Center, HQ Office of Professional Responsibility (OPR)/Personnel Security Division (PSD) SME, and the HQ document review confirmed consistent compliance with the standard provision in all hiring practices.

(b): The facility meets the standard provision. HQ HRM/Hiring Center SME interviews confirmed that new applicants or staff applying for promotions are obligated to complete an application that specifically addresses past incidents of sexual misconduct. The DHS Mission Specific Questions include an inquiry about any history of convictions or adjudications related to engaging or attempting to engage in sexual activity involving force, threats of force, coercion, lack of consent, or incapacity to consent. The application establishes a continuous obligation for employees to disclose any future instances of such misconduct.

(c)(d): The facility meets the standard provision. CBP Directive 2130-030 mandates background investigations for employment applicants with potential detainee contact, with updated checks every five years for relevant CBP personnel and contractors. For verification, the Auditor randomly selected fourteen staff members of varying ranks at EGS. The Auditor found that background checks were thoroughly completed by the agency in accordance with the standard guidelines and CBP policies.

(e): The facility meets the provision. The agency's policy, as confirmed in interviews with the HQ HRM/Hiring Center SME and HQ HRM/Labor Employee Relations (LER) SME, involves withdrawing a job offer or terminating employment for individuals who make a material omission or provide false information regarding their sexual abuse misconduct. A thorough review of the PREA Questionnaire Form, Suitability Assessment, a sample Notice of Results, and a notice of referral was conducted by the Auditor, describing the response an applicant can expect if material information is omitted. This requirement is emphasized in a Memorandum from the Executive Director of Human Resources Operations dated February 29, 2016.

(f): The facility meets the standard provision. CBP Directive 2130-030 documents the provision of substantiated allegations of sexual abuse regarding former employees upon request from an institutional partner, unless prohibited by law. Confirmation of this practice was made through an interview with HQ HRM/LER SME, local SMEs, and agents. The requirement is outlined in a Memorandum from the Executive Director of Human Resources Operations dated February 29, 2016.

§115.118(a) and (b) – Upgrades to facilities and technologies.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

(a): The standard provision is not applicable. EGS has not undergone a substantial expansion or modification since the last audit.

(b): The facility meets the standard provision. Local SME interviews and the local PAQ disclosed that EGS upgraded its (b) (7)(E) in early 2023. (b) (7)(E)

During the upgrade, consideration was given to the impact of design, acquisition, expansion, or modification on the agency's capacity to safeguard detainees from sexual assault and/or abuse.

§115.121(c) through (e) – Evidence protocols and forensic medical examinations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(c): The facility meets the standard provision. CBP TEDS and CBP Directive 2130-030 requires timely, unimpeded access to medical treatment and crisis intervention, including emergency contraception and sexually transmitted infections prophylaxis, be provided to a detainee victim of sexual assault in accordance with professionally accepted

standard of care. The Directive further requires a forensic medical examination is to be conducted by a qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where practicable. During interviews with local SMEs, they stated that any victim of sexual abuse would immediately be transported to Fort Duncan Regional Medical Center in Eagle Pass, Texas for a forensic examination with a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE).

(d): The facility meets the standard provision. CBP Directive 2130-030 requires agents to allow detainee victims access to victim advocacy services, to the extent available and consistent with security needs, while at the hospital for forensic examinations due to sexual abuse/assault. Local SME interviews confirmed that all victims of sexual abuse would be provided these services at no cost to the detainees. The Auditor established through communication with Fort Duncan Regional Medical Center emergency room nurse that community-based advocates for sexual abuse are accessible through Fort Duncan Regional Medical Center.

(e): The facility meets the standard provision. The local SMEs confirmed that the City of Eagle Pass Police Department is responsible for investigating allegations of sexual abuse, with notifications sent to CBP's Joint Intake Center (JIC). The Auditor was provided with letters requesting compliance with PREA Standards during investigations. These include a letter dated November 4, 2022, from Acting Patrol Agent in Charge to the Lieutenant of the Department of Public Safety in Eagle Pass, Texas, a letter to the Sheriff of the Maverick County Sheriff's Office, and a letter to Chief of Police of the City of Eagle Pass Police Department. All three letters meet the requirements of notifying investigative agencies to follow the requirements as established in standard provisions (a) through (d).

§115.122(c) and (d) – Policies to ensure investigation of allegations and appropriate agency oversight.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(c)(d): The facility meets the standard provisions. CBP Directive 3340-025F, Reporting Significant Incidents to U.S. Customs and Border Protection WATCH, establishes a protocol for investigating allegations of sexual abuse, requiring each allegation to be promptly reported to the JIC. CBP Directive 2130-030 mandates the prompt reporting of all detainee sexual abuse allegations to the HQ PDO/PSA Coordinator, relevant agency offices, and DHS for oversight. CBP Directive 3340-025F outlines the reporting protocol to CBP WATCH, the Joint Intake Center, and the CBP Prevention of Sexual Assault Coordinator. According to local SME and supervisor interviews, after reporting to JIC and the HQ PDO/PSA Coordinator, the Supervisor on Duty contacts local law enforcement agencies such as the City of Eagle Pass Police Department, Maverick County Sheriff's Office, or Department of Public Safety for a criminal investigation. The HQ OPR/Sexual Assault and Abuse Investigations Coordinator (SAAI) provided a redacted document showing that sexual abuse allegations are reported to the JIC, however, there have been no sexual abuse allegations at EGS during the 12-month audit period. Through an interview, the HQ PDO/PSA Coordinator confirmed the reporting of sexual abuse allegations and stated that EGS had no incidents of sexual abuse in the last 12 months.

§115.131(a) through (c) – Employee, contractor, and volunteer training.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a)(b): The facility meets the standard provisions. CBP Directive 2130-030 mandates that all individuals, including uniformed agents, special agents, fact finders, contractors, and volunteers, with potential contact with detainees in CBP holding facilities receive training as required in Subpart B of the DHS Standards. The Directive further mandates that the agency must maintain employee training records for employees for five years and training records for contractors must be maintained for five years and is the responsibility of the contracting agents' representatives. CBP provides training tools for effective communication with detainees, particularly those with disabilities or who identify as LGBTQI+. Staff at EGS have completed mandatory PREA training, covering zero tolerance policies, detainees' rights to be free from sexual abuse, and staff duty to report all allegations. While at the on-site audit, the Auditor reviewed the

training records and determined employees received initial and refresher PREA Training. Local SME and agent interviews confirmed the completion of training through the Acadis Training Portal. The Auditor reviewed training presentation slides, titled "Preventing Sexual Abuse in CBP Holding Facilities." Which provided extensive training to the staff. CBP provides Quick Reference Cards to staff as a guide for first responders when witnessing or receiving reports of sexual abuse. The cards provide steps for reporting incidents, preserving evidence, seeking medical treatment, and coordinating with relevant agencies or facility administrators. This procedure ensures effective communication and coordination between facilities in addressing potential incidents of sexual abuse involving detainees. Contract employees receive initial and annual refresher training, as verified through document review of their annual training records. Volunteers at EGS, involved in meal sessions, wear bright yellow vests identifying them as DHS volunteers and are closely monitored by agents in the processing center. The Auditor observed a meal session in real-time, noting the volunteers' role in serving trays to detainees in an organized manner. The volunteers receive training by the Federal Emergency Management Agency (FEMA) through the Emergency Management Institute (EMI). The training course, IS-990, Preventing and addressing Sexual Abuse and Assault of Individuals in Holding Facilities. The volunteers are required to take initial and refresher training. The auditor did not interview the contractors or volunteers due to their responsibilities' of feeding the detainees and the brief period they were at the facility.

(c): The facility meets the standard provision. The employee, and contractor training records reviewed by the Auditor at EGS confirmed that all active staff underwent training within two years of the effective date of the standards or upon their hire, if employed after the initial training. The Auditor also reviewed (post-audit) the training records of volunteer training and found they had received the initial and refresher training through FEMA. EGS staff and contractors have received sexual abuse and assault biannual refresher training, as confirmed by local SMEs and agent interviews.

§115.132 – Notification to detainees of the agency’s zero-tolerance policy.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The facility meets the standard. EGS communicated the DHS Zero Tolerance Policy and Keep Detention Safe through large, colorful posters in English and Spanish, visible in detainee areas. The agency's website, <https://www.cbp.gov/about/care-in-custody>, reinforces the zero-tolerance policy. Utilizing age-appropriate, multilingual posters, informational slides, and scripts, the communication strategy is inclusive. Interviews with local SMEs and staff confirm the effectiveness of these posters in delivering clear messages to detainees, including children and those with language barriers or reading challenges. Interviews with detainees revealed that the staff at EGS had informed them that sexual abuse is not tolerated. The detainees also stated the information about sexual abuse was available in languages they speak.

§115.134 – Specialized training: Investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

N/A – Refer to the CBP Sexual Abuse Investigations Audit Report.

§115.141(a) through (e) – Assessment for risk of victimization and abusiveness.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a)(b)(c): The facility meets the standard provisions. CBP TEDS requires the assessment of detainees for the risk of sexual assault before placement in a holding facility. Factors considered include mental, physical, or developmental

disability; age; physical build; prior arrests or incarcerations; identification as LGBTQI+ or gender non-conforming; history of prior sexual victimization; and expressed concerns about physical safety. Local SMEs and agents confirmed that detainees undergo assessments to evaluate the risk of sexual victimization, determining whether they should be placed alone or separated based on identified risks. During interviews with staff, they expressed what they would do if during a risk assessment a detainee is determined to be at high risk of being sexually abused. They stated they would immediately separate them from anyone who may be placing them at risk, separate them from other detainees, and continuously monitor them. The Subject Activity Log includes information on concerns for physical safety, categorizing risks as High Risk of Sexual Victimization and High Risk of Being Sexually Abusive, also asking "Do you have concerns for your physical safety while in custody at this facility?" The Auditor observed these questions in the electronic detainee files and reviewed recent risk assessment records completed by staff. The interviews with detainees confirmed the completion of risk assessments, with some expressing feeling safer in detention than during their recent trip to the United States. The detainees further stated they were asked if they had concerns for their safety.

(d): The facility meets the standard provision. In a Memorandum dated August 2014 from the Acting Assistant Commissioner, US Customs and Border Protection (CBP), the standards and process used during assessments were reiterated to all staff. CBP Directive 2130-030, dated January 19, 2018, mandates heightened protection measures for detainees identified as high-risk for sexual abuse victimization. This involves continuous direct sight and sound supervision, placement in a single occupancy hold room, (b) (7)(E) (b) (7)(E) an agent close enough to intervene unless no such option is available. Interviews with local SMEs and agents indicate that detainees identified as at higher risk for sexual abuse are placed in a hold room separate from other detainees and checked on at (b) (7)(E) intervals. They further stated the (b) (7)(E) checks are documented in their electronic system of records.

(e): The facility meets the standard provision. CBP TEDS emphasizes that efforts should be made to conduct assessments in a manner that affords detainees the highest possible level of privacy. The Directive mandates that all CBP facilities implement appropriate controls on the distribution of private information provided by detainees under this section, and agents are instructed to disclose such information only to personnel with a need to know. Interviews with local SMEs and agents confirmed awareness and adherence to this practice.

§115.151(a) through (c) – Detainee reporting.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a)(b)(c): The facility meets the standard provisions. Both CBP Directive 2130-030 and CBP TEDS require detainees be provided multiple ways to privately report sexual abuse and/or assault, retaliation for reporting sexual abuse and/or assault, or staff neglect or violations of responsibilities that may have contributed to such incidents. It further requires the facility provide at least one way for detainees to report sexual abuse to a public or private entity not connected to the agency and detainees must be able to report confidentially and anonymously if desired, as well as both verbally and in writing. The Auditor verified through Pre-Audit documentation and observance of several methods utilized at EGS which provides information how to report sexual abuse, sexual assault, retaliation, or staff neglect. Detainees can make reports either verbally or in writing to a CBP official on-site or through multiple external avenues, such as the toll-free Joint Intake Center Hotline, email (JointIntake@cbp.dhs.gov), postal mail, or DHS OIG. Detainees, as well as third parties unconnected to detainees, can utilize these reporting methods. The online DHS OIG Complaint/Allegation Form is also available for submissions. The contact details for the DHS OIG, including the telephone information, are posted on the Keep Detention Safe posters in areas throughout the facility, including the waiting areas, bathrooms, walls outside of the hold rooms, and staff areas. Local SMEs and agent interviews confirmed that detainees, when using the telephone, would not be questioned about the nature of their call, and would be provided privacy while being visually observed. Interviews with local SMEs and agents confirmed that detainees have diverse ways to report sexual abuse: they can either directly inform the staff, let someone else know, or use the reporting hotline. Local SMEs and agents stated they would accept verbal, anonymous, or third-party reports, including those from family members outside the facility. Local SME and agent interviews provided staff awareness that third-party reports are to be promptly reported and documented in writing. They further stated all sexual abuse or assault allegations are treated seriously and

reported to supervisors, regardless of the reporting method. During detainee interviews, they confirmed their awareness of procedures related to reporting sexual abuse that was provided by agents and from information that was posted in the facility. The reporting information was accessible in a language and manner they could understand. The detainees acknowledged knowing they can report sexual abuse in a private manner, anonymously or through third party.

§115.154 – Third-party reporting.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The facility meets the standard. CBP Directive 2130-030 informs staff that third parties may report sexual abuse on behalf of detainees. CBP outlines public reporting procedures for sexual abuse on their website: <https://www.cbp.gov/about/care-in-custody>. Facility documentation, including the FY 2021 Annual Report, assesses CBP's efforts against sexual abuse. DHS posters guide third parties in reporting to DHS OIG, and EGS staff allow detainees to make private, anonymous calls to DHS OIG. Local SME and agent interviews confirm direct third-party reporting to DHS OIG through the hotline, highlighting confidentiality and various reporting avenues, including the Joint Intake Center Hotline. Staff interviews confirm their knowledge of immediate notification to supervisors for any third-party allegations.

§115.161(a) through (d) – Staff reporting duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a)(b): The facility meets the standard provisions. Interviews with local SMEs and agents confirmed their awareness of CBP Directive 2130-030, which mandates prompt reporting of sexual abuse or assault, retaliation, or staff neglect. CBP Directive 3340-025F and Directive 51735-013B, Standards of Conduct specify reporting channels such as CBP WATCH, SIR Reporting, JIC, DHS OIG, and OPR. The DHS PREA Standards In-Focus job aid serves as a quick reference for staff regarding 6 C.F.R. 115.161 – Staff Reporting. The agency mandates immediate reporting of any knowledge, suspicion, or information related to sexual abuse incidents, retaliation, or staff neglect. Staff must be able to report misconduct outside their chain of command according to agency policy. During interviews with staff, they stated they can also report to DHS OIG or anyone outside of their chain of command.

(c): The facility meets the standard provision. Interviews with local SMEs and agents confirmed all staff interviewed understood the "need-to-know basis" for the dissemination of detainee information, in line with CBP Directive 2130-030. This Directive mandates that staff refrain from disclosing any information regarding a sexual abuse report, unless it is necessary to assist the detainee, protect others, make security and management decisions. The importance of confidentiality is also emphasized during mandatory PREA training, as confirmed by interviews with local SMEs and agents, reflecting their knowledge of this policy and associated responsibilities.

(d): The facility meets the standard provision. Interviews with local SMEs and supervisors indicated their understanding and commitment to making mandatory notifications in cases of alleged sexual abuse involving vulnerable adults or victims under 18, as mandated by CBP Directive 3340-025F. CBP Directive 2130-030 obligates staff to notify relevant agencies. A review of the PAQ reflects that EGS has not encountered any incidents necessitating such notifications within the past 12 months.

§115.162 – Agency protection duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The facility meets the standard. CBP TEDS policy mandates that staff must take immediate action to protect a detainee when there is knowledge of imminent sexual abuse. Interviews and discussions with local SMEs, supervisors, and agents affirmed a shared obligation to immediate action in such situations. Staff members further stated they had a clear understanding of their responsibilities to protect a detainee who was a risk of imminent sexual abuse. The local SMEs stated that, in the past 12 months, there were no instances where the agency identified a detainee as being at substantial risk.

§115.163(a) through (d) – Report to other confinement facilities.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a): The facility meets the standard provision. CBP Directive 2130-030 mandates notifying the prior agency or administrator if a detainee has experienced sexual abuse/assault at another facility before arriving at EGS. The local SMEs confirmed that the PAIC or their designee would be responsible for making this notification to the prior agency or administrator.

(b)(c): The facility meets the standard provisions. During interviews with local SMEs, they were knowledgeable of the standard provision mandating notification within 72 hours of receiving the allegation. The SMEs further clarified that they would immediately make the notification and prior to the 72-hour requirement. Notably, there were no such reports made during the audit period. The interviewed local SMEs stated they would document the notification in their electronic system of record.

(d): The facility meets the standard provision. The local SME detailed that EGS adheres to all agency reporting requirements outlined in CBP Directive 2130-030. In the event of an allegation from another facility regarding sexual abuse/assault at EGS, the JIC is promptly notified following the established process. The local SMEs stated that no such reports were made during the audit period.

§115.164(a) and (b) – Responder duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a): The facility meets the standard provision. CBP Directive 2130-030 and a memorandum from dated March 11, 2015, from the Commissioner to all CBP Employees outlines the duties of the first responding EGS staff member responding to a reported sexual abuse allegation. A memorandum dated March 11, 2015, from the Commissioner to all CBP employees also provides information to staff regarding responding to sexual abuse. The Directive and memorandum direct staff to swiftly respond to the allegation by separating the alleged victim from the alleged abuser and to preserve and protect any crime scene. During the interviews with local SMEs and agents, they stated they would take immediate action to preserve evidence by requesting the alleged victim and directing the alleged abuser to not brush their teeth, wash their bodies, change clothing, or use the toilet, along with anything they deem necessary to preserve the evidence. Despite no recent incidents, staff expressed readiness if there were to be an allegation. The local SMEs confirmed they have not had any sexual abuse allegations in the past 12 months.

(b): The facility meets the standard provision. Directive 2130-030 specifies that if the initial responder is not law enforcement, they must request the alleged victim and instruct the alleged abuser to not to destroy evidence and then

notify EGS staff. Although volunteers were unavailable to interview, the Auditor observed interactions between detainees and volunteers during the meal session and observed EGS staff presence throughout the session. The volunteers, though the FEMA training, are made aware of first responder duties.

§115.165(a) through (c) – Coordinated response.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a): The facility meets the standard provision. A memorandum dated March 6, 2018, from the Acting Chief, USBP, to all Chief Patrol Agents and all Directorate Chiefs stating that Directive 2130-030 constitutes CBP's written institutional plan for utilizing a multidisciplinary approach to respond to sexual abuse or sexual assault. On February 5 and 12, 2018, through emails from the CBP Postmaster, advising staff of the issuance of Directive 2130-030 and advising the agency constitutes the Directive as the agency's written institutional plan in responding to sexual abuse and sexual assault. On August 15, 2022, the agency developed a step-by-step guide for responding to an allegation of sexual abuse and/or sexual assault and provided to all staff. Interviews with local SMEs confirmed their awareness of Directive 2130-030 and if an allegation of sexual abuse and/or sexual assault would occur, they would assume a multidisciplinary approach when responding.

(b)(c): The facility meets the standard provision. CBP Directive 2130-030 mandates that if a victim of sexual abuse is transferred to another DHS facility, staff are to notify the facility of a possible need for medical or social services. Local SME interviews confirmed awareness of these requirements and their responsibility to make the notification. They further stated that have not made any notifications to another DHS facility or to JIC since EGS has not had these incidents occur at their facility.

§115.166 – Protection of detainees from contact with alleged abusers.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The facility meets the standard. CBP Directive 2130-030 mandates agency management to evaluate if any staff, contractor, or volunteer accused of sexual abuse/assault should be removed from duties involving detainee contact during an investigation. Local SME interviews affirm that agents facing allegations of sexual abuse towards a detainee would be reassigned during the investigation and would have no contact with the victim. The same protocol extends to contractors, and their volunteers at EGS. The facility has not encountered any allegations of sexual abuse in the last 12 months.

§115.167 – Agency protection against retaliation.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The facility meets the standard. CBP Directive 2130-030, CBP Directive 51735-013B and CBP TEDS explicitly prohibit retaliation against any person, including detainees, who make complaints, participate in misconduct investigations, or report instances of sexual abuse. A memorandum dated March 11, 2015, from the Commissioner to all CBP staff reinforces the agency's stance against retaliation. Local SMEs and agents affirm that protection from retaliation is emphasized in their initial training, and staff understand any form of retaliation is strictly prohibited.

§115.171 – Criminal and administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

N/A – Refer to the CBP Sexual Abuse Investigations Audit Report.

§115.172 – Evidentiary standard for administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

N/A – Refer to the CBP Sexual Abuse Investigations Audit Report.

§115.176(a) and (c) through (d) – Disciplinary sanctions for staff.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

(a): The facility meets the standard provision. CBP Directive 2130-030 states CBP personnel may be subject to disciplinary action up to and including removal from their position and federal service, for substantiated allegations of sexual abuse/assault or violations of sexual abuse policies. CBP Directive 51735-013B, Standards of Conduct, informs all CBP personnel about potential disciplinary action for substantiated allegations of sexual abuse and/or assault, supported by the CBP Table of Offenses and Penalties (December 2020). HQ HRM/LER SME interviews confirmed the pursuit of disciplinary action, including removal, for substantiated cases of sexual assault or policy violations, with removal and exclusion from future federal service being the presumptive action. Local SME interviews at EGS affirmed that immediate actions against staff facing sexual assault allegations include removing them from contact with detainees, and any substantiated cases lead to removal from their position.

(c): The agency meets the standard provision. The interview with HQ PDO/DPSA Coordinator SME confirmed no reported allegations during the audit period. The HQ OPR/SAAI Coordinator interview confirmed that any substantiated investigations of sexual abuse would be referred to the relevant law enforcement agency by the supervisor on duty, with notification coordination by the HQ OPR/SAAI SME.

(d): The agency meets the standard provision. The interview with the HQ OPR/SAAI SME confirmed that removals for substantiated sexual abuse or violations of sexual abuse policies would be reported to relevant licensing bodies, to the extent known by HQ OPR/SAAI staff.

§115.177(a) and (b) – Corrective action for contractors and volunteers.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a)(b): The facility meets the standard provision. CBP Directive 2130-030 mandates that alleged contractor perpetrators or volunteer perpetrators of sexual abuse should be removed from detainee contact pending the outcome of the investigation and shall do so if the seriousness and the plausibility of the allegation make removal appropriate. Medical contractors have received PREA training and volunteers receive PREA training through the Federal Emergency

Management Agency (FEMA), understanding the consequences of alleged sexual abuse and assault. The HQ OPR/SAAI SME confirmed that any substantiated allegations involving contractors or volunteers would prompt notification to proper law enforcement authorities. Although EGS employed contractors, the medical contractor was not available for interview. The Auditor did not interview volunteers as they were not available due to their responsibilities of providing meals to detainees.

(b): The facility meets the standard provision. Local SME interviews confirmed that any contractor suspected of perpetrating sexual abuse would be promptly removed from all duties involving detainee contact pending the outcome of the investigation.

§115.182(a) and (b) – Access to emergency medical services.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

(a)(b): The facility meets the standard provision. Interviewed local SMEs and agents stated that detainees who are victims of sexual abuse are immediately transported to Fort Duncan Regional Medical Center for medical treatment, including SAFE/SANE services for sexual assault victims, provided at no cost, regardless of the detainee's cooperation level in the sexual assault investigation.

§115.186(a) – Sexual abuse incident reviews.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The agency meets the standard. The HQ PAQ reported no pending sexual abuse investigations at EGS. The HQ PDO/DPSA Coordinator interview revealed their office receives sexual abuse incident reviews within 30 days after concluding an investigation. The Incident Review Committee (IRC), consisting of three CBP HQ Program Managers and the local PREA Field Coordinator, conducts these reviews. HQ USBP SME confirmed the IRC conducts the review within 30 days, preparing a report for every substantiated or unsubstantiated allegation. The report indicates whether policy or practice changes could enhance prevention or response to sexual abuse. All reports are forwarded to the HQ PDO/PSA Coordinator and implemented, or non-implemented recommendations are documented in a written response. The USBP EGS PAIC would implement any IRC recommendations for detainee safety, with non-implemented suggestions also documented and sent to the HQ PDO/PSA Coordinator. This process was confirmed during local SME interviews, and no incident reviews were conducted in the past 12 months due to the absence of sexual abuse allegations.

§115.187 – Data collection.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

N/A – Refer to the CBP Sexual Abuse Investigations Audit Report.

ADDITIONAL NOTES

None.

AUDITOR CERTIFICATION:

I certify that the contents of the report are accurate to the best of my knowledge and no conflict of interest exists with respect to my ability to conduct an audit of the agency under review. I have not included any personally identified information (PII) about any detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.

(b) (6), (b) (7)(C)

Auditor's Signature

08/15/2024

Date